

# CLAIMS ONLY

Application Number

10/19/1,699

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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43						
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45						
46						
47						
48						
49						
50						
Total						
Indep						
Total						
Depend						
Total						
Claims						

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
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Total						
Indep						
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Depend						
Total						
Claims						